

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/EP 0 2 / 1 4 7 4 5	
International Application No.	(23.12.02)
International Filing Date	23 DEC 2002
EUROPEAN PATENT OFFICE PCT INTERNATIONAL APPLICATION Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference (if desired) (12 characters maximum) PCT 1729-035/pa	

<b>Box No. I TITLE OF INVENTION</b> METHOD FOR DATA TRANSMISSION EMPLOYING GALOIS FIELD SYMBOLS WITH TRANSMISSION SYMBOL REARRANGEMENT, TRANSMITTER, RECEIVER AND ARQ COMMUNICATION SYSTEM THEREFOR	
<b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
MATSUSHITA ELECTRIC INDUSTRIAL CO., LTD. 1006 KADOMA, KADOMA CITY OSAKA 571-8500 JP	Telephone No.  Facsimile No.  Teleprinter No.  Applicant's registration No. with the Office
State (that is, country) of nationality: JP	State (that is, country) of residence: JP
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
GOLITSCHKE EDLER VON ELBWART, Alexander Wilhelminenstr. 32 D-64285 Darmstadt DE	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
KUHL, Dietmar Grünecker, Kinkeldey, Stockmair & Schwanhäusser Anwaltsozietät Maximilianstr. 58 80538 München DE	Telephone No. 089 21 23 50  Facsimile No. 089 22 02 87  Teleprinter No.  Agent's registration No. with the Office 72
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

<b>Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b> <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  <b>WENGERTER, Christian</b> <b>Bahnhofstr. 10d</b> <b>D-63924 Kleinheubach</b> <b>DE</b>	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality: <b>DE</b>	State <i>(that is, country)</i> of residence: <b>DE</b>
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

**Box No. V DESIGNATION OF STATES***Mark the applicable check-boxes below; at least one must be marked.*

The following designations are hereby made under Rule 4.9(a):

**Regional Patent**

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (*if other kind of protection or treatment desired, specify on dotted line*) . . . . .
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, specify on dotted line*) . . . . .

**National Patent** (*if other kind of protection or treatment desired, specify on dotted line*):

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates . . . . .               | <input checked="" type="checkbox"/> GM Gambia . . . . .                                    | <input checked="" type="checkbox"/> NZ New Zealand . . . . .                 |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda . . . . .                | <input checked="" type="checkbox"/> HR Croatia . . . . .                                   | <input checked="" type="checkbox"/> OM Oman . . . . .                        |
| <input checked="" type="checkbox"/> AL Albania . . . . .                            | <input checked="" type="checkbox"/> HU Hungary . . . . .                                   | <input checked="" type="checkbox"/> PH Philippines . . . . .                 |
| <input checked="" type="checkbox"/> AM Armenia . . . . .                            | <input checked="" type="checkbox"/> ID Indonesia . . . . .                                 | <input checked="" type="checkbox"/> PL Poland . . . . .                      |
| <input checked="" type="checkbox"/> AT Austria . . . . .                            | <input checked="" type="checkbox"/> IL Israel . . . . .                                    | <input checked="" type="checkbox"/> PT Portugal . . . . .                    |
| <input checked="" type="checkbox"/> AU Australia . . . . .                          | <input checked="" type="checkbox"/> IN India . . . . .                                     | <input checked="" type="checkbox"/> RO Romania . . . . .                     |
| <input checked="" type="checkbox"/> AZ Azerbaijan . . . . .                         | <input checked="" type="checkbox"/> IS Iceland . . . . .                                   | <input checked="" type="checkbox"/> RU Russian Federation . . . . .          |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina . . . . .             | <input checked="" type="checkbox"/> JP Japan . . . . .                                     |  |
| <input checked="" type="checkbox"/> BB Barbados . . . . .                           | <input checked="" type="checkbox"/> KE Kenya . . . . .                                     | <input checked="" type="checkbox"/> SD Sudan . . . . .                       |
| <input checked="" type="checkbox"/> BG Bulgaria . . . . .                           | <input checked="" type="checkbox"/> KG Kyrgyzstan . . . . .                                | <input checked="" type="checkbox"/> SE Sweden . . . . .                      |
| <input checked="" type="checkbox"/> BR Brazil . . . . .                             | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea . . . . .     | <input checked="" type="checkbox"/> SG Singapore . . . . .                   |
| <input checked="" type="checkbox"/> BY Belarus . . . . .                            | <input checked="" type="checkbox"/> KR Republic of Korea . . . . .                         | <input checked="" type="checkbox"/> SI Slovenia . . . . .                    |
| <input checked="" type="checkbox"/> BZ Belize . . . . .                             | <input checked="" type="checkbox"/> KZ Kazakhstan . . . . .                                | <input checked="" type="checkbox"/> SK Slovakia . . . . .                    |
| <input checked="" type="checkbox"/> CA Canada . . . . .                             | <input checked="" type="checkbox"/> LC Saint Lucia . . . . .                               | <input checked="" type="checkbox"/> SL Sierra Leone . . . . .                |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein . . . . . | <input checked="" type="checkbox"/> LK Sri Lanka . . . . .                                 | <input checked="" type="checkbox"/> TJ Tajikistan . . . . .                  |
| <input checked="" type="checkbox"/> CN China . . . . .                              | <input checked="" type="checkbox"/> LR Liberia . . . . .                                   | <input checked="" type="checkbox"/> TM Turkmenistan . . . . .                |
| <input checked="" type="checkbox"/> CO Colombia . . . . .                           | <input checked="" type="checkbox"/> LS Lesotho . . . . .                                   | <input checked="" type="checkbox"/> TN Tunisia . . . . .                     |
| <input checked="" type="checkbox"/> CR Costa Rica . . . . .                         | <input checked="" type="checkbox"/> LT Lithuania . . . . .                                 | <input checked="" type="checkbox"/> TR Turkey . . . . .                      |
| <input checked="" type="checkbox"/> CU Cuba . . . . .                               | <input checked="" type="checkbox"/> LU Luxembourg . . . . .                                | <input checked="" type="checkbox"/> TT Trinidad and Tobago . . . . .         |
| <input checked="" type="checkbox"/> CZ Czech Republic . . . . .                     | <input checked="" type="checkbox"/> LV Latvia . . . . .                                    |  |
| <input checked="" type="checkbox"/> DE Germany . . . . .                            | <input checked="" type="checkbox"/> MA Morocco . . . . .                                   | <input checked="" type="checkbox"/> TZ United Republic of Tanzania . . . . . |
| <input checked="" type="checkbox"/> DK Denmark . . . . .                            | <input checked="" type="checkbox"/> MD Republic of Moldova . . . . .                       | <input checked="" type="checkbox"/> UA Ukraine . . . . .                     |
| <input checked="" type="checkbox"/> DM Dominica . . . . .                           | <input checked="" type="checkbox"/> MG Madagascar . . . . .                                | <input checked="" type="checkbox"/> UG Uganda . . . . .                      |
| <input checked="" type="checkbox"/> DZ Algeria . . . . .                            | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia . . . . . | <input checked="" type="checkbox"/> US United States of America . . . . .    |
| <input checked="" type="checkbox"/> EC Ecuador . . . . .                            | <input checked="" type="checkbox"/> MN Mongolia . . . . .                                  |  |
| <input checked="" type="checkbox"/> EE Estonia . . . . .                            | <input checked="" type="checkbox"/> MW Malawi . . . . .                                    | <input checked="" type="checkbox"/> UZ Uzbekistan . . . . .                  |
| <input checked="" type="checkbox"/> ES Spain . . . . .                              | <input checked="" type="checkbox"/> MX Mexico . . . . .                                    | <input checked="" type="checkbox"/> VN Viet Nam . . . . .                    |
| <input checked="" type="checkbox"/> FI Finland . . . . .                            | <input checked="" type="checkbox"/> MZ Mozambique . . . . .                                | <input checked="" type="checkbox"/> YU Yugoslavia . . . . .                  |
| <input checked="" type="checkbox"/> GB United Kingdom . . . . .                     | <input checked="" type="checkbox"/> NO Norway . . . . .                                    | <input checked="" type="checkbox"/> ZA South Africa . . . . .                |
| <input checked="" type="checkbox"/> GD Grenada . . . . .                            |  | <input checked="" type="checkbox"/> ZM Zambia . . . . .                      |
| <input checked="" type="checkbox"/> GE Georgia . . . . .                            |  | <input checked="" type="checkbox"/> ZW Zimbabwe . . . . .                    |
| <input checked="" type="checkbox"/> GH Ghana . . . . .                              |  |  |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- |                                    |                                    |                                    |
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| <input type="checkbox"/> . . . . . | <input type="checkbox"/> . . . . . | <input type="checkbox"/> . . . . . |
| <input type="checkbox"/> . . . . . | <input type="checkbox"/> . . . . . | <input type="checkbox"/> . . . . . |

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation (including fees) must reach the receiving Office within the 15-month time limit.*)

Sheet No. ...4...

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:

(a) the following number of sheets in paper form:

request (including declaration sheets) : 4  
 description (excluding sequence listing part) : 10  
 claims : 3  
 abstract : 1  
 drawings : 4

Sub-total number of sheets : 22

sequence listing part of description (*actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below*) :

Total number of sheets : 22

(b) sequence listing part of description filed in computer readable form

(i) ☐ only (under Section 801(a)(i))(ii) ☐ in addition to being filed in paper form (under Section 801(a)(ii))

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (*additional copies to be indicated under item 9(ii), in right column*):

This international application is accompanied by the following item(s) (*mark the applicable check-boxes below and indicate in right column the number of each item*):

Number of items

1. ☒ fee calculation sheet : 1
2. ☐ original separate power of attorney : 0
3. ☐ original general power of attorney : 0
4. ☐ copy of general power of attorney; reference number, if any: : 0
5. ☐ statement explaining lack of signature : 0
6. ☐ priority document(s) identified in Box No. VI as item(s): : 0
7. ☐ translation of international application into (language): : 0
8. ☐ separate indications concerning deposited microorganism or other biological material : 0
9. ☐ sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other)) : 0
  - (i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) : 0
  - (ii) ☐ (*only where check-box (b)(i) or (b)(ii) is marked in left column*) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter : 0
  - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column : 0
10. ☐ other (*specify*): : 0

Figure of the drawings which should accompany the abstract: 1

Language of filing of the international application: English

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

  
 (D. Kuhl)

Munich, 23.12.2002

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1. Date of actual receipt of the purported international application:

/23.12.02) 23 DEC 2002

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent): ISA /

6. ☐ Transmittal of search copy delayed until search fee is paid

2. Drawings:

☒ received:☐ not received:

For International Bureau use only

Date of receipt of the record copy by the International Bureau: